

**REVOCATION OF POWER OF  
ATTORNEY WITH  
NEW POWER OF ATTORNEY  
AND CHANGE OF  
CORRESPONDENCE ADDRESS**

Application Number	10/527,646
Filing Date	June 28, 2005
First Named Inventor	Robert Nitsch
Group Art Unit	1652
Examiner Name	Chowdhury, Iqbal Hossain
Attorney Docket Number	047260-060190

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number:

50828

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with  
Customer Number:

50828

OR

☐ Firm or  
Individual Name

Address

Address

City

State

ZIP

Country

Telephone

Fax

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Name

Dr. Christoph Krakenkamp

Signature

*[Handwritten Signature]*

Date

06.03.2007

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☐ \*Total of \_\_\_\_\_ forms are submitted.